

Entered 3-16-00- sb

**00- -1257**

**CL 0010158- GWENDOLYN BURNS**

**CLAIM OF: STATE FARM INSURANCE COMPANIES**

**as subrogee of ADELLA BROWN**

11350 Johns Creek Parkway

Duluth, Georgia 30098-0001

For damages alleged to have been sustained  
as a result of a vehicular accident on October  
8, 1999 at Ormond Street, SE & Connolly,  
Street, NE.

THIS ADVERSED REPORT IS  
APPROVED

BY: 

ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0158

Date: August 3, 2000

Claimant /Victim ADELLA BROWN
BY: (Atty) (Ins. Co.) STATE FARM INSURANCE COMPANIES
Address: 11350 Johns Creek Parkway, Duluth, Georgia 30098-0001
Subrogation: X Claim for Property damage \$ 153.93 Bodily Injury \$
Date of Notice: 3/16/00 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 10/8/99 Place: Ormond Street, SE & Connolly Street, NE
Department PUBLIC WORKS Division Sewer Operations
Employee involved Michael Broughton Disciplinary Action: Pending Review

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when it was struck by a City vehicle that made an "improper lane change". However, the issues of this claim have been resolved in a previously filed claim. (See duplicate claim #99L0769)

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report Other X
Traffic citations issued: City Driver X Claimant Driver
Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other X Damages reasonable
City not involved Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,

Gwendolyn Burns
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager: Concur/date 08 04 00
Committee Action: Adverse to CC on 9/5/00 Council Action

# State Farm Insurance Companies



*BURNS*  
*03/16/00*  
*[Signature]*

Auto Claim Central  
11350 Johns Creek Parkway  
Post Office Box 10003  
Duluth, Ga 30096-9403

March 13, 2000

**ENTERED - 3-16-00 - SB**  
**00L0158 - GWEN BURNS**

City of Atlanta  
Ste 4100 68 Mitchell St  
Atlanta, Ga 30335

RE: Our Claim Number: 11-3429-251  
Date of Loss: October 8, 1999  
Our Insured: Adella Brown  
Your Insured:  
Your Insured's Address: Ste 4100 68 Mitchell St  
Atlanta GA 30335  
Your Insured's Pol No:  
Your Claim No:

Dear Sir or Madame:

We have been informed that you are the insurance carrier for the party designated as your insured in the caption of this letter. Our investigation of this accident establishes that your insured was responsible for this accident.

\_\_\_ Please accept this letter as notice of our subrogation rights under:

Personal Injury Protection (PIP) Vehicle Damage  
Medical Payments Coverage (MPC) Other:

\_\_\_ Should we be called upon to make payment under our policy we will be looking to you for reimbursement.

\_\_\_ We have made the following payments to date and request reimbursement as shown below:

Name of our Payee /	PIP/MPC /	VEHICLE /	OTHER /
		(LESS SALVAGE) /	PAYMENT
/	/	/	/
/	/	/	/

Net amt. paid by Co. \$

Insd. Ded \$

TOTAL PAID \$\_

*Heather Stapleton*

Heather Stapleton, Team 02  
Claim Representative  
(770) 418-5700  
State Farm Mutual Automobile Insurance Company

**00- -1257**

PS: We are paying for part of our policy holders rental and will seek reimbursment from you.